

## FORM #584

Medical

## GRIEVANCE FORM

FACILITY: D.C.C.DATE: Oct. 7, 2004GRIEVANT'S NAME: Harry SamuelSBI#: 00201360

CASE#: \_\_\_\_\_

TIME OF INCIDENT: Sept 5, 2004HOUSING UNIT: 21 B 9L

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

I requested to get treatment from the dentist by putting a Sick Call Slip (form) in the Sick Call box on Sept. 7, 2004. Sgt. Sullivan gave me the Sick Call form after I reported my dental problem to him. I put in two other sick calls for this matter and my problem is my filling is out and I got a big hole in my tooth if not treated I will lose my tooth. <sup>2</sup> Also the warden forwarded a letter to have braces to fix my front teeth it's been years the dentist didn't call. \* The reason I am submitting this grievance is because it has been a month and I haven't seen the dentist in a month since my request (Sick Call was put in). The dentist assistant seen me after a month but no treatment now it's been another month and no treatment.

ACTION REQUESTED BY GRIEVANT: to have my tooth filled by the dentist soon before I lose my tooth. and to have my front teeth Braced like the warden said he notified the dentist Supervisor to take action.

GRIEVANT'S SIGNATURE: Harry SamuelDATE: Oct. 7, 2004

WAS AN INFORMAL RESOLUTION ACCEPTED? \_\_\_\_\_ (YES) \_\_\_\_\_ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE  
GRIEVANT

April '97 REV

Exhibit - 27<sup>o</sup>

Smyrna Landing Road

SMYRNA DE, 19977

Phone No. 302-653-9261

**GRIEVANCE REPORT****OFFENDER GRIEVANCE INFORMATION**

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status : Level 3	Resol. Date : 06/22/2005
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier D, Cell 6, Bottom	

**OFFENDER GRIEVANCE DETAILS**

**Description of Complaint:** I requested to get treatment from the dentist by putting a sick call slip in the sick call box on 9/7/04. Sgt. Sullivan gave me sick call form after I reported my dental problem to him. I put in two other sick calls for this matter and my problem is filling is out and I got a big hole in my tooth if not treated I will lose my tooth. 2. Also warden forward a letter to have braces to fix my front teeth. It's been years the dentist didn't call yet. The reason I am submitting this grievance is because it has been a month and I haven't seen the dentist in a month since my request. The dentist assistant seen me after a month but no treatment now it been another month and no treatment.

**Remedy Requested :** To have my tooth fill in by the dentist soon before I loose my tooth and have to have my front teeth braced like warden said he notified the dentist supervisor to take action.

**INDIVIDUALS INVOLVED**

Type	SBI #	Name
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**ADDITIONAL GRIEVANCE INFORMATION**

Medical Grievance : YES	Date Received by Medical Unit : 10/22/2004
Investigation Sent : 10/22/2004	Investigation Sent To : Wolken, Gina
Grievance Amount :	

Exhibit 22

## INFORMAL RESOLUTION

### OFFENDER GRIEVANCE INFORMATION

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status: Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier D, Cell 6, Bottom	

### INFORMAL RESOLUTION

Investigator Name : Wolken, Gina  
Date of Report 10/22/2004  
Investigation Report : Patient does not want to sign off until he gets the treatment. Warned him filling take 8-9 months.  
Reason for Referring:

Offender's Signature: \_\_\_\_\_

Date : \_\_\_\_\_

Witness (Officer) : \_\_\_\_\_

Smyrna Landing Road

SMYRNA DE, 19977

Phone No. 302-653-9261

**GRIEVANCE INFORMATION - IGC****OFFENDER GRIEVANCE INFORMATION**

<b>Offender Name :</b> SAMUEL, HARRY L	<b>SBI# :</b> 00201360	<b>Institution :</b> DCC
<b>Grievance # :</b> 7953	<b>Grievance Date :</b> 10/07/2004	<b>Category :</b> Individual
<b>Status :</b> Resolved	<b>Resolution Status :</b> Level 3	<b>Inmate Status :</b>
<b>Grievance Type:</b> Health Issue (Medical)	<b>Incident Date :</b> 09/05/2004	<b>Incident Time :</b>
<b>IGC :</b> Merson, Lise M	<b>Housing Location :</b> Bldg 21, Upper, Tier D, Cell 6, Bottom	

**IGC****Medical Provider:****Date Assigned****Comments:**☒ **Forward to MGC**☐ **Warden Notified**☐ **Forward to RGC****Date Forwarded to RGC/MGC :** 12/03/2004☐ **Offender Signature Captured****Date Offender Signed :**

## GRIEVANCE INFORMATION - Appeal

### OFFENDER GRIEVANCE INFORMATION

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier D, Cell 6, Bottom	

### APPEAL REQUEST

No appeal returned

### REMEDY REQUEST

DCC Delaware Correctional Center  
Smyrna Landing Road  
SMYRNA DE, 19977  
Phone No. 302-653-9261

Date: 06/22/2005

## GRIEVANCE INFORMATION - BGO

### OFFENDER GRIEVANCE INFORMATION

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier D, Cell 6, Bottom	

### REFERRED TO

Due Date : Referred to: Name:

Type of Information Requested :

### DECISION

Date Received : 02/22/2005

Decision Date : 03/17/2005

Vote : Uphold

Comments :

I recommend that FCM resolve the dental services availability problem; inordinate delays lead to more serious and expanding medical related issues, as well as higher costs. An 8-to9 month wait for tooth repair is unacceptable.

## GRIEVANCE INFORMATION - Bureau Chief

### OFFENDER GRIEVANCE INFORMATION

Offender Name :	SAMUEL, HARRY L	SBI# :	00201360	Institution :	DCC
Grievance # :	7953	Grievance Date :	10/07/2004	Category :	Individual
Status :	Resolved	Resolution Status :	Level 3	Inmate Status :	
Grievance Type:	Health Issue (Medical)	Incident Date :	09/05/2004	Incident Time :	
IGC :	Merson, Lise M	Housing Location :	Bldg 21, Upper, Tier D, Cell 6, Bottom		

### DECISION

Decision Date: 06/20/2005      Vote : Uphold

Comments :

I concur with the recommendation of the BGO.



DCC Delaware Correctional Center  
 Smyrna Landing Road  
 SMYRNA DE, 19977  
 Phone No. 302-653-9261

Date: 06/22/2005

**GRIEVANCE INFORMATION - MGC****OFFENDER GRIEVANCE INFORMATION**

<b>Offender Name :</b> SAMUEL, HARRY L	<b>SBI# :</b> 00201360	<b>Institution :</b> DCC
<b>Grievance # :</b> 7953	<b>Grievance Date :</b> 10/07/2004	<b>Category :</b> Individual
<b>Status :</b> Resolved	<b>Resolution Status:</b> Level 3	<b>Inmate Status :</b>
<b>Grievance Type:</b> Health Issue (Medical)	<b>Incident Date :</b> 09/05/2004	<b>Incident Time :</b>
<b>IGC :</b> Merson, Lise M	<b>Housing Location :</b> Bldg 21, Upper, Tier D, Cell 6, Bottom	

**MGC****Date Received :** 12/03/2004**Date of Recommendation:** 02/18/2005**GRIEVANCE COMMITTEE MEMBERS**

Person Type	SBI #	Name	Vote
Staff		Munson, Amy	Deny
Staff		Lyons, April	Deny
Staff		Rickards, Suesann	Deny
Staff		Merson, Lise M	Abstain

**VOTE COUNT****Uphold :** 0**Deny :** 3**Abstain :** 1**TIE BREAKER**

Person Type	SBI #	Name	Vote
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**RECOMMENDATION**

Hearing held 2/15/05  
 You were seen by the dentist and are on the waiting list for a filling.  
 Appeal form provided.



DEPARTMENT OF CORRECTION  
Bureau of Prisons  
245 McKee Road  
Dover, Delaware 19904

June 20, 2005

Inmate SAMUEL HARRY L  
SBI # 00201360  
DCC Delaware Correctional Center  
SMYRNA DE, 19977

21 DU-6

Dear HARRY SAMUEL:

We have reviewed your Grievance Case # 7953 dated 10/07/2004.

Based upon the documentation presented for our review, we uphold your appeal request.

Accordingly, there is no further issue to mediate nor Outside Review necessary as provided by BOP Procedure 4.4 entitled "Inmate Grievance Procedure", Level III appeals.

Sincerely,

Paul W. Howard  
Bureau Chief

Exhibit 21

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

**This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH**

Harry Samuel

Name (Print)

19C34 21D46

Housing Location

8-17-62

Date of Birth

00201360

SBI Number

6-9-05

Date Submitted

Complaint (What type of problem are you having)? my tooth filling came  
out 9 months ago and my tooth need to be filled and  
my teeth need to be even up with Braces.  
This is my 6<sup>th</sup> attempt to get treatment and its over  
9 months and no treatment yet.

Harry Samuel

Inmate Signature

Date

**The below area is for medical use only. Please do not write any further.**

S:

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A:

P:

E:

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED

263

Exhibit-27 (27)  
~~Exhibit-27~~

In The United States District Court

for the District of Delaware

Harry Samuel

Plaintiff,

Civ. No. 05-037-SLR

v.

Thomas Carroll

etal.

RE: Dental Services

To Judge Sue L. Robinson.

On 9-7-2005, The Dentist filled my tooth.

The Dentist said plaque developed around the tooth, and eat some of the bone away that hold the tooth.

I was next scheduled for treatment to clean my tooth (teeth). I explained to the Dentist that the warden had forwarded a letter to the Dentist to take action on getting my teeth (tooth) straight. (see two letters from Thomas the warden dated November 20, 2001 and ~~November~~ October 26, 2001). I bit my lip and it is hard to talk the way my tooth grow back. I was charged \$4.00 dollars for the filling see Delaware Department of Correction Health Care Services Fee Sheet. I don't think I should have to pay because the Tax payers already payed for me to have Dental, Medical, etc. to be housed in prison.

Inmate:

Harry L. Samuel

SBI #201360

Delaware Correctional Center

## Delaware Department of Correction Health Care Services Fee Sheet

Inmate Name Harry Samuel SBI# 00201360  
(Last, First MI)

Facility DCC- Date 9-7-2005

<input checked="" type="checkbox"/>	Chargeable Visit	\$4.00
<input type="checkbox"/>	Non Chargeable Visit	-0-
<input type="checkbox"/>	Medication Handling Fee (\$2.00 X _____ )	\$ _____

**Total Amount Charged To Inmate Account** \$4.00

**Health Care Staff Signature:** \_\_\_\_\_

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: Harry Samuel Date: 11-1-11

1) \*Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2) \*Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office      Posted/Entered by \_\_\_\_\_ Date \_\_\_\_\_

Copy: Inmate Medical Record (yellow)  
Inmate (pink)

\*Only needed if inmate refuses or is unable to sign.

FORM #: 621

3 part NCR

(C:Copy.96:Form.4)

Dentist Kathy  
Filled tooth. July 1, 2005  
beginning of September  
2005. (CMS)



STATE OF DELAWARE  
DEPARTMENT OF CORRECTION  
OFFICE OF THE WARDEN  
DELAWARE CORRECTIONAL CENTER  
1181 Paddock Road  
SMYRNA, DELAWARE 19977  
Telephone: (302) 653-9261  
Fax: (302) 653-2855

**MEMORANDUM**

TO: Inmate Harry Samuel  
#201360

FROM: Thomas L. Carroll  
Warden

DATE: November 20, 2001

RE: Letter

---

This will acknowledge receipt of your letter on November 15, 2001 regarding dental problems. Please be advised that this matter has been forwarded to Ms. Georgia Perdue of Correctional Medical Services for her information, review and action.

TLC/sw  
Cc: Georgia Perdue, CMS  
file

1. In regard to plaintiff wrote to Carroll Warden to get approval for CMS to straighten plaintiff teeth by Braces. Ms. Georgia never complied.
2. At the first initial visit CMS told plaintiff we can break your teeth in half unless you get the Warden approval to Brace teeth.
3. another letter the warden did not respond to about a fee dispute the Deputy warden McGuigan responded to state that he did not understand what I was say about no treatment but had to pay \$4.00



STATE OF DELAWARE  
DEPARTMENT OF CORRECTION  
OFFICE OF THE WARDEN  
DELAWARE CORRECTIONAL CENTER  
1181 Paddock Road  
SMYRNA, DELAWARE 19977  
Telephone: (302) 653-9261  
Fax: (302) 653-2855

**MEMORANDUM**

TO: Inmate Harry Samuel  
#201360

FROM: Thomas L. Carroll  
Warden

*Thomas L. Carroll*

DATE: October 26, 2001

RE: Letter

---

This will acknowledge receipt of your letter dated October 19, 2001 regarding dental services. Be advised that I have forwarded your request to Ms. Georgia Perdue of Correctional Medical Services for action.

TLC/sw

Cc: Deputy Warden McGuigan  
Security Superintendent Cunningham  
Georgia Perdue  
file

*about Braces never  
receive reponce from  
this letter for action  
from ms. Georgia (cms)*



In the United States District Court of Delaware

Harry Samuel

v.

C.A. No. 05-037-SLR

Thomas Carroll (Warden)  
and et al  
Dental Service

RE: Plaintiff response to Defendant Correctional medical Services in regard to Plaintiff Default Motion and Plaintiff Amended Complaint.

Plaintiff Samuel, Submit to the U.S. District Court that as a whole the Plaintiff was denied Dental Service for a year, where the Plaintiff had discomfort and further damage to the tooth. ~~Plaintiff was denied dental service for 17 months~~ The Plaintiff had to try to eat on the other side of Plaintiff mouth because of the discomfort and the risk that the tooth would crack and expose the tooth nerve. The Plaintiff Submit that the Plaintiff is a Person Placed in the care of the Department of corrections therefore the Plaintiff has no choice in choosing a private Corporation for Dental service. Therefore the Plaintiff Exhausted administrative remedies by putting in a sick call. The Plaintiff was Denied treatment at Sick Call. Thereafter Plaintiff Exhausted a Medical Grievance the Plaintiff was denied treatment at the Medical Grievance level there after the Plaintiff appealed. The appeal was approved 2-15-05, But Plaintiff had to wait 7 month after the appeal was granted for treatment (see Exhibit 22 Medical Grievance Page 7 of 7 at bottom of Page appeal Approved). The Plaintiff was Placed on the waiting list for over 7 months, once Correctional medical Services became the Providers the Plaintiff was denied treatment for 2 months. Therefore the Designated Dental Service is correct as a whole and because of a timely Filed Amended Complaint which identifies Correctional medical Services for 2 months.

### Conclusion:

The Plaintiff request that the Plaintiff Default ~~Motion~~ MOTION be Granted. and the Plaintiff request that the Plaintiff Amended Complaint be Granted.

3-27-06

All handwritten documents that the Defendant felt was relevant to Plaintiff Claim the substance is entirely clear (see Defendant Exhibit entries of relevant document submitted to Court Exhibits A to E. Defendant made no request for a Clear Document.



HARRY SAMUEL  
VS.  
CARROLL, ETAL

CASE CIVIL ACTION NO. 1-05-CV-37

statement

RE: MOTION FOR A WRITTEN TO  
SHOW CAUSE ON Administration ABOUT DENTAL  
DELAY IN DENTAL TREATMENT .....

I SAMUEL L. HARRIS MAKE THE  
Following Counter STATEMENT IN SUPPORT OF  
CASE SAMUEL V. CARROLL, ETAL AND CORRECTIVAL  
MEDICAL SERVICE. I SAMUEL L. HARRIS STATE THE  
Following Facts That DATED ON THE YEARS OF 2005 TO 2006  
I'VE PUT IN SEVERAL sick calls AND WAS CALLED UP  
AFTER A LONG WAIT TO BE SEEN AND TOLD, THAT IT WOULD  
TAKE 8 TO 9 MONTH, TO GET ANYTHING DONE FROM DENTAL.  
I'VE BEEN IN DCC, DOING MY TIME FOR A LONG PERIOD OF  
OF TIME AND THE DENTAL JUST LIKE ALL OF MEDICAL  
NEVER DOSE THE SICK CALL, DENTAL CALL OR THE JOBS ON  
ON TIME. IN MY CASE FOR THIS STATEMENT IS POSTULATE  
ON THE BEHAVE OF SAMUEL V. CARROLL, ETAL. I DO TO  
AS WELL NEEDS TO GET DENTAL WORK DONE AND HAVE  
NOT BEEN SEEN AT ALL AS WELL AS THE TIME THAT THEY STATED  
THAT I'LL BE SEEN. SO THEREFORE THE MEDICAL IS NOT  
PROVIDEN SERVICE JUST AS WELL AS DENTAL FOR THE HOLD INMATES,  
IN THE HOUSE OF CORRECTIONAL CENTER FOR MEDICAL SERVICE TO  
ANY AND EVERY INMATED. THATS BEEN TOLD THE Following  
Reasons WHY THEY WAS NOT ~~seen~~ FOR A LONG PERIOD OF TIME  
IF THEY WAS ~~seen~~ late or at ALL IN MY CASE SEEN BUT,

I HAVE NOT RECEIVED NONE OF THE FOLLOWING TREATMENT, CLEANING, or Feelings. So There Fore I would like The courts or Jury to not only aloud but accept, by ruling in SAMUEL VS. CARROLL ETAL and Correctional. IN <sup>my statement</sup> ~~██████████~~ OF SAMUEL. CAUSE WE ALREADY don't GET help so I would like to see IF WE CAN GET THE right Treatment That's NEEDED. Maybe this case will bring justifiable for all aswell as THE WRITTEN STATE MENT in This case. For ME I'VE WAITED months to years to been told months and with in THE year I would be seen and STILL it comes to this and Just maybe I'll be seen on Time with other that are Fighting the same fight All I want AS long with other are what we are atitled TO get being That The U.S. Del Cor. Administration is Post to GIVE ALL INNATES. WE have Rights too. Right ??? ? ? ? ? ? .....

SINCERELY,  
 Samuel L. Harris  
 SBI # 00252107 - C-U-12-23  
Samuel L. Harris  
 Delaware Corr. center  
 SMVRNA, DE 19977

Subscribed to before me  
 this 6<sup>th</sup> day, 6<sup>th</sup> month, 2006

Timothy J. Marts  
 (Notary Public)

my Commission expires: June 14, 2006

Shawn CARROLL

To: U.S. District court  
Subject: Delayed Dental Treatment

R. Samuel V. CARROLL, et al  
and  
Correctional medical service

Counter statement

I Shawn Carroll state the following statement in support of case Samuel V. Carroll medical service. I state that on 6.6.06 I was called for a dental examination at which time I told the dentist I had swollen gums. The dentist then checked my gums and said I have gingivitis, and I need a teeth cleaning and that would take up to a year.

6.7.06

I Shawn Carroll state  
that the above statement is true  
under penalty of perjury.

Certificate of Service

I, Harry Samuel, hereby certify that I have served a true and correct cop(ies) of the attached: reponse to Defendant CMS D.I. 60, Exhibits, Inmate Harris, Carroll Statement upon the following parties/person (s):

TO: Dana Spring Monzo  
(McCullough & McKenty, PA.)  
1225 N. King Street, Suite 1100  
P.O. Box 397  
Wilmington, DE. 19899-0397  
(FCM)

TO: Ophelia M. Waters  
Deputy Attorney General  
State of Delaware  
Department of Justice  
820 North French Street, 6th Floor  
Wilmington, Delaware 19801  
(warden, et al)

TO: Kevin J. Connors  
(Marshall, Dennehey, Warner,  
Coleman & GOGGIN)  
1220 North Market Street  
5th Fl. P.O. Box 8888  
Wilmington, DE. 19899-8888  
(CMS, I)

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BY PLACING SAME IN A SEALED ENVELOPE and depositing same in the United States Mail at the Delaware Correctional Center, 1181 Paddock Road, Smyrna, DE 19977.

On this 14<sup>th</sup> day of June, 2006

Harry L. Samuel  
Pro Se